

# APPLICATION FOR EMPLOYMENT

### (PLEASE PRINT)

	IDE I MINI)					
	First Name				Mid	dle Name
City	State	Zir	) Co	ode		
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		128 (56)	267			
		Date of Applicat	ion			
Employment Agency	Other					
\ aumantly amplayand b	ar the					
for all positions withou	t regard to their fa	amilial relations or	frie	ndship	s)	
						FT-1876
	of of your eligibili	ty to work?		Yes		No
th us before?				Yes		No
		If Yes, give date	8 20	(C 10)	100	<u> </u>
s hefore?				Ves	П	No
s octore:		If Yes, give date				
☐ Full Time	☐ Part Time	☐ Shift Work	Ц	Temp	orar	y
?				Yes		No
	ited States?					No
Can you lawfully work in the United States?				Yes		No
ns of identification and	any work papers	outerwise				
	Employment Agency    currently employeed become to the positions without uprovide required proceed that us before?    Full Time	Employment Agency Other    City State	City State Zip  Date of Applicat  Employment Agency Other    currently employeed by the     for all positions without regard to their familial relations or     u provide required proof of your eligibility to work?     th us before?     If Yes, give date     s before?     If Yes, give date     Full Time   Part Time   Shift Work     nently remain in the United States?	City State Zip Co	City State Zip Code  Date of Application  Employment Agency Other  O currently employeed by the for all positions without regard to their familial relations or friendship u provide required proof of your eligibility to work?	City State Zip Code  Date of Application  Employment Agency Other    Currently employeed by the

We are an equal opportunity employer and applicants are evaluated based upon personal qualifications. We consider applicants for all positions without regard to their actual or perceived group identities, which may include identities based on age, race, creed, color, ethnicity, national origin, alienage or citizenship status, sexual orientation military status, gender, disability, predisposing genetic characteristics, marital status, familial status, or a person's status as a victim of domestic violence, sexual abuse, or stalking, or any other legally protected status.

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Are you currently employed?			$\square$ Yes $\square$ No
May we contact your present employer?  MM/DD/YYYY  On what date would you be available to work?			□ Yes □ No
art with your present or past job. Include any l lunteer activities. Please exclude all organiza			
tional origin, alienage or citizenship status, sex aracteristics, marital status, familial status, or			
lking, or any other legally protected status.			,
Employ er	Dates Er	nnloved	
	From	То	Work Performed
Address			
Telephone Number(s)			
Job Title Supervisor			
Reason for Leaving			
Employ er	Dates F	mployed	
Estiploy G	From	To	Work Performed
Address			
Telephone Number(s)			
Job Title Supervisor			
Reason for Leaving			
Employer	Dates F	mployed	
	From	То	Work Performed
Address			
Telephone Numbers(s)			
Job Title			
Reason for Leaving			
ist any professional, trade, business or civic acti perform this job:	vities and offices he	d that you cons	sider to be relevant to your ability
Y			

## Education

	Name and Address of School	Course of Study	Number of years or semesters Completed	Diploma Degree
Elementary School				
High School				
Undergraduate College				
Graduate Professional				
Other (Specify)				

Describe any specialized training, apprenticeship, skills, extra-curricular activities, or language abilities which you consider to be relevant to your ability to perform this job.

## **Additional Information**

#### Other Qualifications:

Summarize special job-related skills and qualifications acquired from employment or other experience. Include job-related training received in the United States military.

<u>Specialized Skills:</u> List any type of machinery that you can operate. Also list any computer programs or systems that you are familiar with.

of the job for which you are applying.
Are you capable of performing with or without reasonable accommodations the activities and duties of the job or occupation for which you have applied? $\Box$ Yes $\Box$ No
Have you ever been released, discharged, or asked to resign from any prior employment? Yes No
If yes, please give details.
Have you ever been the subject of disciplinary charges and /or have you ever been subject to disciplinary action by a prior or current employer? $\Box$ Yes $\Box$ No If yes, please give details
<u>Drivers License</u>
Please fill out this section only if the position for which you are applying requires driving.
<ol> <li>Do you have a drivers license Yes</li></ol>
References
1) Name Phone #
Address
2) Name Phone #
Address
3) Name Phone #
Address

Note to Applicants: Do not answer the following question unless you have been informed about the requirements

## **Applicant's Statement**

#### ALL STATEMENTS ARE SUBJECT TO VERIFICATION

THIS AFFIRMATION MUST BE COMPLETED: I affirm that all statements made on this application (including any attached papers) are true under the penalties of perjury. I understand that all statements made in connection with application for employment are subject to investigation and verification. I also understand that in the event that I failed to completely and honestly provide any information requested of me in this Employment Application or during the interview process, that my application will no longer be considered or, if I am working for the Village that I may be subject to disciplinary action, up to and including termination of employment. I further understand that any offer of employment will be contingent upon my ability to provide legally sufficient documentation showing my eligibility to work in the United States. I understand that this application may be used for review by the Village as part of a background investigation.

		Signature of Applicant	Date
		FOR PERSONNEL DEPARTMENT USE ONLY	
Arrange Interview	Ves	□ No	
7111dinge interview	_ 103	_ 110	
Remarks			
Interviewer		Date	
Employed   Yes	□ No	Date of Employment	
Job Title		Hourly Rate/ Salary Department	
Name and Title		Date	

NOTES